

CORPORATE HEALTH & SAFETY SERVICES: Pilgrim PRU Health & Safety Risk Assessment – Covid 19 *v4 All School Sites Reopened*

The following risk assessment has been completed using the **Corporate Health and Safety Services (CHSS) draft template** for school risk review and planning. In order to comply, the education setting must be able to achieve the following controls as defined by the Department of Education before opening the school to a wider population. The Risk Assessment has been reviewed by the Head Teacher, staff and Full Governing Body point by point. Where actions are implemented, they have been reworded to show how the controls have been applied and, where required, amended to be applicable for the school environment and context. The risk assessment has been reviewed at ELT and with the Governing Body. The risk rating for each identified hazard and overall risk assessment has been considered and adjusted accordingly to Low, Medium, or High on how, as a context, the control measures and the wider opening of the school is applied.

Description of Activity	COVID-19 Secure Educational Settings All School Sites Reopened risk assessment plan		
Location	The Pilgrim PRU, Cambridge		
This assessment completed by	Ms L Miller (current Headteacher – from 1 st September 2020) [LEM]		
Contributors	Mrs Amanda Morris-Drake (former Headteacher – up to 31 st August 2020) [AMD]		
Date of Initial Assessment	2 nd July 2020 [AMD]	Frequency	On-going, Minimum fortnightly
Review Dates	26 th August 2020 [LEM] 11 th September 2020 [LEM] 25 th September 2020 [LEM]	Next Review Date	8 th October 2020

The current Government [guidance for full opening: schools](https://www.gov.uk/government/publications/guidance-for-full-opening-special-schools-and-other-specialist-settings/guidance-for-full-opening-special-schools-and-other-specialist-settings) states that from 1st September 2020 it is compulsory for all year groups to return to school. This guidance sets out the actions school leaders should take to minimise the risk of transmission of coronavirus (COVID-19) in their school. This is public health advice, endorsed by Public Health England (PHE) and is part of [the UK Government’s COVID-19 recovery strategy](https://www.gov.uk/government/publications/guidance-for-full-opening-special-schools-and-other-specialist-settings/guidance-for-full-opening-special-schools-and-other-specialist-settings). Guidance for full opening: special schools and other specialist settings: <https://www.gov.uk/government/publications/guidance-for-full-opening-special-schools-and-other-specialist-settings/guidance-for-full-opening-special-schools-and-other-specialist-settings>

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Darwin, Croft and Phoenix Sites

SECTION 1: PREPARING SCHOOL BUILDINGS							
Ref.	What are the potential hazards?	Who & how might someone be harmed?	What are you currently doing to control risks?	Risk Rating L / M / H	What else do you need to do (if applicable)?	Action by who / when?	Target Completion Date
1.1	<p>School re-opening fully / potential requirement for additional period of school closure</p> <ul style="list-style-type: none"> Schools/area of schools shut due to pandemic H&S compliance not maintained Additional H&S measures not fully considered, implemented or in line with statutory guidance 	<p>Employees, agency, pupils, visitors</p> <ul style="list-style-type: none"> An employee / visitor injured due to lack of building safety, statutory compliance checks, health and safety checks prior to opening 	<ol style="list-style-type: none"> Full standard statutory compliance measures are in place Local statutory compliance and local health and safety inspections completed and in date. Cleaning regime increased as part of the key control measure. Review of all areas completed, identifying areas requiring enhanced cleaning and increase in frequency. Hotspots and common touch areas identified in line with guidance and above for the settings personalised requirements. The above is at least in line and maybe superseded by government guidance for clinical settings Fire risk inspection and assessment completed within the last 5 years. 	LOW			
1.2a	<p>Physical arrangements - Timetable / Curriculum / Classrooms</p> <ul style="list-style-type: none"> Lack of social distancing (see close contact in classrooms) Someone entering the premises with CV19 	<p>Employees, agency, pupils, visitors</p> <ul style="list-style-type: none"> An employee / visitor enters the workplace with CV19 and passes it onto others Causing severe infection/disease 	<ol style="list-style-type: none"> Where possible staff and students are expected to stay 2m apart and plan for wider separation where possible. Floor and wall signage installed around the site to act as visual reminders. Clear classroom space of soft furnishings, soft fabric covered chairs, soft toys and unnecessary items. Ensure unnecessary equipment is stored away. Timetable model created to accommodate 'bubbles' by unit. The bubble includes all pupils admitted onto the unit. These pupils do not need to social distance from one another as they share a living space and are treated as a family. Classes timetabled to be taught in one location for all lessons Teachers are timetabled to only attend one unit per day. Curriculum delivery considerations to be made, particularly where there is increased exposure due to close contact. See section 2.1.9 Each classroom to be equipped with tissues, flip bin, anti-bac gel, anti bac wipes and keyboard cleaning wipes. Relocate waste bins to key strategic positions both in school buildings and in external areas that are in use in order that waste materials can be managed safely Double bagging of any hazardous or contaminated waste following government and NHS guidance. Have a bin specifically for tissue disposal. 'Catch it, bin it, kill it' 	MED*			

			<ol style="list-style-type: none"> 11) Each classroom layout reconfigured to ensure students positioned at least 2 metres from staff 12) Marking of work is to be done electronically and verbally, where possible. That with the exception of units who have been directed to wear full PPE, including mask, gloves and apron. 			
1.2b	Physical arrangements - Routines <ul style="list-style-type: none"> • Lack of social distancing (see close contact in classrooms - 1.2a) • Someone entering the premises with CV19 	Employees, agency, pupils, visitors <ul style="list-style-type: none"> • An employee / visitor enters the workplace with CV19 and passes it onto others • Causing severe infection/disease 	<ol style="list-style-type: none"> 1) All pupils are to complete a CV19 test before admission to a centre and return from leave. Whilst awaiting test results, students are placed in quarantine on the unit. Whilst in quarantine students receive a remote learning offer. 2) Pupils to be allocated designated seat in home room and recorded on seating plan 3) Pupils given individual packs of equipment. 4) Where possible provide each pupil with a laptop/ipad for individual use. 5) Students will be expected to attend in clothing as prescribed by the nursing team. 6) Nursing staff to be responsible for bringing pupils to school or to space that staff are working in. 7) Priority must be given to disabled users and those identified as having health related issues. 	LOW		
1.3	Pupil behaviour <ul style="list-style-type: none"> • Pupils distress and risk of self-harming • Pupil leaving unit unagreed 	Employees, agency, pupils, visitors <ul style="list-style-type: none"> • An employee / visitor enters the workplace and attacks staff/children • Causing severe infection/disease 	<ol style="list-style-type: none"> 1) Protocols and procedures decided on and actions to be taken by teaching staff if a student at the Darwin/Phoenix centre is self-harming or distressed. 2) See individual pupil risk assessments for procedures should a child abscond. 3) Pupils may require physical intervention to ensure safety both on site and in the community 4) Staff must wear PPE at all times. 	MED*		
1.4	Corridors and exits <ul style="list-style-type: none"> • Someone entering the workplace with CV19 	Employees, agency, pupils, visitors <ul style="list-style-type: none"> • An employee / visitor enters the workplace with CV19 and passes it onto others • Causing severe infection/disease 	<ol style="list-style-type: none"> 1) No passenger lifts are on the site 2) No stairs are on the site 3) Sanitise and wipe all the surfaces that staff may come in contact with i.e. buttons, doors, handrails 4) Regulating use of corridors with support from nursing team. 5) Leave any internal doors open where possible, fire doors may only be held open using the approved magnetic locks. 6) One-way traffic through external doors to avoid face to face passing. 7) Nursing staff to be responsible for bringing pupils to school or to space that staff are working in. 8) Priority must be given to disabled users and those identified as having health related issues. 	LOW		
1.5	Counter/ reception staff exposure <ul style="list-style-type: none"> • Someone entering the workplace/ reception with CV19 	Employees, agency, visitors <ul style="list-style-type: none"> • An employee / visitor enters the workplace with CV19 and passes it onto others 	<ol style="list-style-type: none"> 1) Hand sanitiser made available at entrance and reception areas 2) Where a more than one staff member on reception, a review of equipment to restrict shared items, touch/contact areas 3) Gloves available for handling of paperwork delivered by visitors 4) Only specified staff to be available at reception (Darwin) 5) Only essential visitors to attend site and be met outside 	LOW		

		<ul style="list-style-type: none"> Causing severe infection/disease 				
1.6	Circulation of fresh air <ul style="list-style-type: none"> Someone entering the workplace with CV19, staff fear and concerns of becoming infected by air circulation 	Employees, agency, pupils, visitors <ul style="list-style-type: none"> An employee / visitor enters the workplace with CV19 and passes it onto others Causing severe infection/disease 	<ol style="list-style-type: none"> Opening windows and doors frequently to encourage ventilation where possible Desktop fans out of use 	LOW		
1.7	Office layout and space <ul style="list-style-type: none"> Someone entering the workplace with CV19 	Employees, agency, pupils, visitors <ul style="list-style-type: none"> An employee / visitor enters the workplace with CV19 and passes it onto others Causing severe infection/disease 	<ol style="list-style-type: none"> Review of office layouts and rearrange furniture where necessary to the standard that achieves 2 metre social distancing Managers monitor usage of spaces regularly Review of meeting rooms. Where social distancing cannot be maintained, spaces temporarily 're-purposed' For meeting spaces where social distancing can be maintained, signage installed to indicate maximum occupancy Do not have staff sitting facing each other. Where this is unavoidable, Perspex screens to be installed Seating plan created to know who is sitting where Staff are expected to wipe down area/keyboard after use Additional workspaces to be created to increase capacity, particularly where a teacher is not designated an office location 	LOW		
1.8	Contaminated workplace <ul style="list-style-type: none"> Someone entering the workplace with CV19 	Employees, agency, pupils, visitors <ul style="list-style-type: none"> An employee / visitor enters the workplace with CV19 and passes it onto others Causing severe infection/disease 	<ol style="list-style-type: none"> An increased formal cleaning regime, employees are cleaning equipment more often and key areas and touch points are identified and form part of the specified cleaning schedule (keyboards, work surfaces, door handles, doors, entrance areas, toilets, taps etc.) Hand sanitisers have been placed in offices, common areas, entrances/exits and classrooms (where safe to do so) Extra hygiene requirements (handwashing etc.) enforced Multi-use handtowels in staff work bases are not used to dry hands This information has been passed onto employees. Confirmed cases of work-related CV-19 to be reported DfE helpline and Cambridge CC as detailed in the Schools guide to test and trace published and updated by the Local Authority. Review any further cleaning regime in light of potential outbreaks, and have this as a contingency plan Ensure the correct cleaning products are being used for infection control covid-19 (refer to infection control section for more details) 	MED		
1.9	Gatherings, emergency evacuation	Employees, agency, pupils, visitors	<ol style="list-style-type: none"> Social distancing standards marked out clearly around the buildings to keep staff at least 2 metres apart at all times A review of fire assembly areas to reduce and maintain social distancing, where possible 	LOW		

	<ul style="list-style-type: none"> Someone entering the workplace with CV19 	<ul style="list-style-type: none"> An employee / visitor enters the workplace with CV19 and passes it onto others Causing severe infection/disease 	<ol style="list-style-type: none"> PEEPS 'personal emergency evacuation plans' to be reviewed for each identified member of staff or student. PPE to be made available to all parties involved in personal evacuation procedure PPE to be worn by all parties involved in evacuation of individuals with PEEPs. Staff requested to minimise movement on/off site during breaks 				
1.10	Provision of first aid in buildings <ul style="list-style-type: none"> Someone entering the workplace with CV19 Delivery of basic first aid to students/ staff/ others 	Employees, agency, pupils, visitors <ul style="list-style-type: none"> An employee / visitor enters the workplace with CV19 and passes it on, applying first aid to staff/pupils in close contact Causing severe infection/disease onto others 	<ol style="list-style-type: none"> Review of existing first aid needs analysis in line with Health and Safety Executive (HSE) Guidance on First Aid cover and qualifications during COVID-19 e.g.: <ul style="list-style-type: none"> High risk activities to be suspended or postponed where practical Extension of first aid certificate renewal date if expired All units have nursing team available 24/7 and therefore supersedes requirements of 1.10.1.2 It is accepted that 2m social distancing cannot be maintained during the delivery of first aid, but physical contact should be kept to a minimum e.g. pupils apply cold pack, wipe, plaster where able to do so. Those administering first aid will be provided with and expected to wear PPE appropriate to the circumstances. Surgical face masks, gloves and apron to be worn when working in close contact. Wash hands and ensure the affected area is cleaned upon completion. Where a pupil is presenting COVID-19 symptoms, they are to be returned to their ward for isolation. The nursing team are then to coordinate testing procedure. Daily medication administration completed by nursing team. First aid SOPs (standard operating procedures) revised to be aligned with HSE and DfE advise 	MED			
1.11	Kitchen/staff areas <ul style="list-style-type: none"> Someone entering the workplace with CV19 	Employees, agency, pupils, visitors <ul style="list-style-type: none"> An employee / visitor enters the workplace with CV19 and passes it onto others Causing severe infection/disease 	<ol style="list-style-type: none"> Social distancing in place with signage Taps/Kettles to be cleaned before and after use with appropriate cleaning material/wipes Staff reminded with signage next to taps NOT to allow their cups to touch the tap Staff behaviour staying alert to others around them and keeping to the 2-metre rule as a minimum Staff to be encouraged to wash their hands before / after eating for at least 20 seconds. Staff to dispose of their food waste into the bins provided, and clean their cutlery and put away Staff not to share cups and cutlery Staff to be encouraged to go outside during breaks Increased cleaning regime in place managed and monitored Additional workspaces to be created to increase capacity, particularly where a teacher is no longer designated to an office space 	LOW			

1.12	Student kitchen <ul style="list-style-type: none"> Someone entering the workplace with CV19 Implementation of control measures in extended canteen locations 	Employees, agency, pupils, visitors <ul style="list-style-type: none"> An employee / pupil / visitor enters the workplace with CV19 and passes it onto others Causing severe infection/disease 	<ol style="list-style-type: none"> PPE masks are not required within the kitchen area. This is due to the nature of heat, steam, touching of face/masks increases poor hygiene standards Staff / students to use anti-bacterial gel before / after eating and frequently during the day Pupil seating area reorganised to maintain social distancing where possible Tables to be disinfected on regular basis during food service periods. Review of procedures to include disposal of food waste in the bins provided; pupils to be encouraged to go outside during breaks; bags must be placed under table with coat Increased cleaning regime in place managed and monitored 	LOW			
1.13	Toilet areas <ul style="list-style-type: none"> Someone entering the workplace with CV19 	Employees, agency, pupils, visitors <ul style="list-style-type: none"> An employee / visitor enters the workplace with CV19 and passes it onto others Causing severe infection/disease 	<ol style="list-style-type: none"> Social distancing in place with signage Staff to stay alert as these as single doors access and egress and potential non 2 metres meeting points, therefore proceed with caution and be prepared to take a step back to allow others to keep the 2-metre rule Washing hands is paramount and signage is displayed to prompt this Increased cleaning regime in these areas Limit use to one person at time in smaller toilet areas Control system in place for pupil toilet area, numbers allowed, areas restricted. Student bubbles designated specific toilet for use As units have own designated classrooms /toilets, separately designated areas not required. 	LOW			
1.14	Meeting rooms <ul style="list-style-type: none"> Someone entering the workplace with CV19 	Employees, agency, pupils, visitors <ul style="list-style-type: none"> An employee / visitor enters the workplace with CV19 and passes it onto others Causing severe infection/disease 	<ol style="list-style-type: none"> All meetings should be completed virtually to keep and prevent the gathering of different staff members coming together within an enclosed room environment, where possible Consider reducing contact with ward staff by attending ward round and CPA reviews remotely. Staff must wear PPE scrubs and a mask in order to attend ward meetings in person. Additional meetings to be held by appointment only During the summer consider holding meetings outside in the open and keeping to the social distancing of 2 metres, should face to face be required Keep meeting room doors open and maintain the allotted numbers allowed Avoid sharing pens and any other items Hand sanitiser and tissues to be provided in meeting rooms Establish meeting etiquette while entering and leaving to ensure distancing Meetings dates and attendance recorded through visitors books and QR code scanning for Test, Track and Trace 	LOW			
1.15	Accidents, security incident, emergency	Employees, agency, pupils, visitors	<ol style="list-style-type: none"> In the event of any emergency situation, staff do not have to stay 2 metres apart if it the event of an unsafe 'event' such as a terrorist attack, fire, explosion risk where large numbers may have to move fast to evacuate 	MED			

	<ul style="list-style-type: none"> Someone entering the workplace/ with CV19 	<ul style="list-style-type: none"> An employee / visitor enters the workplace with CV19 and passes it onto others Causing severe infection/disease 	<ol style="list-style-type: none"> In these circumstances normal fire evacuation procedures will apply Staff involved in emergency situations that may bring them into close contact to ensure that they pay particular attention to sanitation measures immediately afterwards including washing of hands 				
1.16	Trips and Visits <ul style="list-style-type: none"> Being in close proximity of people infected with CV19 and/or increased time spent alternative environment 	Employees, agency, visitors <ul style="list-style-type: none"> An employee / pupil / agency catches the virus travelling or in alternative setting Causing severe infection/disease 	<ol style="list-style-type: none"> Review Trips and Visits policy to establish protocols to whether these can take place Where a trip, visit or event is required to take place for essential educational reasons, such as a transition visit to new school: <ul style="list-style-type: none"> Remote alternatives should be explored in the first instance Visit must be declared to school Avoid public transport wherever possible Follow government advice for face coverings, specifically where public transport is being used Only complete off-site visits where absolutely essential and remote attendance is not possible Social distancing must be adhered to at all times. 	MED			

SECTION 2: INDIVIDUALS							
What are the hazards?	Who & how might someone be harmed?	What are you currently doing to control risks?	Risk Rating L / M / H	What else do you need to do (if applicable)?	Action by who / when?	Date Completed	
2.1	Individual existing conditions <ul style="list-style-type: none"> Someone entering the workplace with CV19 	Employees, agency, pupils, visitors <ul style="list-style-type: none"> An employee / visitor enters the workplace with CV19 and passes it onto others Causing severe infection/disease 	<ol style="list-style-type: none"> Identified all staff and students who are either clinically vulnerable, clinically extremely vulnerable/shielded or have household members who are shielded, with the Headteacher prior to them entering the school, and record that this has been carried out for every individual. Offer individual risk assessment to staff with these conditions: <ul style="list-style-type: none"> 'Clinically vulnerable' children and staff can attend. Those with a 'clinically vulnerable' household member can attend. Those who are 'clinically extremely vulnerable'/shielded can attend from the 1st August. However, a clinical discussion with a paediatric specialist or GP will be needed before any child or young person is removed from the shielded patient list. Those who live within someone 'clinically extremely vulnerable'/shielded can attend Those who are pregnant can attend Ensure that any extremely clinically vulnerable staff who has received a medical advice stating that they must remain shielded after 1st August 	MED			

			<p>are enabled to work from home. Evidence must be submitted in writing to the Headteacher before return to school in September, where possible</p> <ol style="list-style-type: none"> 3) Share model of pupils return and agree required staffing resource and approach. Informed local authority of our plans. 4) Identify those staff or pupils who are, or who live with someone who is, symptomatic or a confirmed case of COVID-19. They cannot return to school until self-isolation is over, or a negative test is received. See self-isolation guidance. 5) Up to date risk assessments completed for children on EHC plans (Section M), carried out with educational providers and parents/carers, to ensure child is at no more risk in the school setting than at home. 6) Clear, repeated messaging set up to parents/carers that pupils must not return to unit post leave, or a member of their household, has COVID-like symptoms or a positive test. 7) Plan to resume taking attendance registers and continuing to complete any online educational setting status form to provide daily updates on how many children and staff are in school and record, monitor. 			
2.2	<p>Lack of staff levels</p> <ul style="list-style-type: none"> • Not being able to supervise and manage the school/pupils • Not being able to deliver education at all 	<p>Employees, agency, pupils' visitors</p> <ul style="list-style-type: none"> • Accident, incidents due to lack of supervision 	<ol style="list-style-type: none"> 1) Options considered if necessary staffing levels can't be maintained (including school leaders and key staff such as the DSL and first aid providers/ fire wardens/ premises staff). 2) Identify staff who are a member of the BAME community. Offer individual risk assessments, where a risk assessment does not already exist due to conditions listed in 2.1.1 3) Keep all plans under review to respond to changes in demand and government guidance 	LOW		
2.3	<p>Someone becomes ill within the workplace</p> <ul style="list-style-type: none"> • Someone entering the workplace with CV19 	<p>Employees, Pupils, Agency visitors</p> <ul style="list-style-type: none"> • Contracted CV19 by any means • Causing severe infection/disease 	<ol style="list-style-type: none"> 1) All pupils are expected to complete a CV19 test before admission to a centre and return from leave. 2) If a child, young person, or staff member develops symptoms compatible with coronavirus, they will be sent home, advised to self-isolate for 10 days and get a test. 3) If someone tests negative, if they feel well and no longer have symptoms similar to coronavirus (COVID-19), they can stop self-isolating. They could still have another virus, such as a cold or flu – in which case it is still best to avoid contact with other people until they are better. Other members of their household can stop self-isolating. 4) If someone tests positive, they should follow the 'stay at home: guidance for households with possible or confirmed coronavirus (COVID-19) infection' (https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance) and must continue to self-isolate for at least 10 days from the onset of their symptoms and then return to school only if they do not have symptoms other than cough or loss of sense of smell/taste. This is because a cough or anosmia can last for several weeks once the infection has gone. The 10-day period starts from the day when they first became ill. If they still have a high temperature, they should keep self-isolating until their temperature returns to normal. Other members of their household should continue self-isolating for the full 14 days, following the 'stay at home: guidance for households with possible or confirmed coronavirus (COVID-19) infection' 	MED		

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| | | <ol style="list-style-type: none"> 5) If a child or staff member is suspected and/or tests positive, then the school should contact the DfE helpline and submit information the Cambridgeshire County Council – as part of the NHS Test and Trace programme. 6) Where there are possible cases of Covid-19 in school, or where a child/staff member is isolating due to a household member showing symptoms of Covid -19. Head to ensure that all parties are notified as soon as possible by following the Schools guide to test and trace. If a suspected case, a report to be made electronically here - Schools Suspected Covid Reporting. Also to notify confirmed cases to the emergency mailbox. 7) Ensure the rooms where pupil or staff member was are cleaned and disinfected. Ensure PPE, gloves and apron are used. 8) The other students within the bubble and members of teaching staff who have been in close contact with someone who has tested positive will be expected to self-isolate also. Close contact means: <ul style="list-style-type: none"> ▪ direct close contacts - face to face contact with an infected individual for any length of time, within 1 metre, including being coughed on, a face to face conversation, or unprotected physical contact (skin-to-skin) ▪ proximity contacts - extended close contact (within 1 to 2 metres for more than 15 minutes) with an infected individual ▪ travelling in a small vehicle, like a car, with an infected person 9) Where the child, young person, or staff member tests positive, the rest of their class or group advised to self-isolate for 14 days. The other household, should recent visits home have taken place, members of that wider class or group do not need to self-isolate unless the child, young person, or staff member they live with in that group subsequently develops symptoms. 10) If Pupil or staff member tests negative, they can all return to the school 11) All staff and students who are attending an education or childcare setting will have access to a test if they display symptoms of coronavirus and are encouraged to get tested in this scenario. 12) School will follow the COVID-19: cleaning of non-healthcare settings guidance Decontamination in-non-healthcare-settings 13) As part of the national test and trace program, if two or more confirmed cases within 14 days, or an overall rise in sickness absence where COVID-19 is suspected, Public Health England’s local health protection teams will conduct a rapid investigation and will advise the school and other settings on the most appropriate action to take. In some cases, a larger number of other children, young people may be asked to self-isolate at home as a precautionary measure – perhaps the whole class, site or year group. 14) If schools are implementing controls from the guidance list, addressing the risks they have identified and therefore reducing transmission risks, whole school closure based on cases within the school will not generally be necessary, and should not be considered except on the advice of health protection teams. | | | | |
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			15) In consultation with the local Director of Public Health, where an outbreak in a school is confirmed, a mobile testing unit may be dispatched to test others who may have been in contact with the person who has tested positive.			
2.4	Staff working at home <ul style="list-style-type: none"> Temporary change to work environment 	Employees, Pupils, agency, visitors <ul style="list-style-type: none"> Staff working at home that are not set up for homeworking, DSE, posture, MSD, stress, anxiety Causing severe infection/disease 	1) Staff to follow the working from home CHSS guidance 2) Manager to complete working at home risk assessment, where requested and appropriate 3) Manager to review current DSE guidance, where appropriate 4) Manager and staff to ensure communication is in place for any concerns with DSE, wellbeing 5) DSE self-assessment forms to be completed and enables user to report concerns, staff encouraged to complete their DSE self-assessments as a change to their normal working arrangements 6) Individual user tries to mimic the set-up of the working arrangement, corporate health and safety DSE guidance 7) Communication between individuals / teams and Managers is clear: <ul style="list-style-type: none"> Agreed work activities Scheduled calls / contact time Access to CCC resources e.g. Employee Assistance Programme (EAP) Wellbeing and Health on HR website (includes stress risk assessment) 8) Staff giving clear guidance on wellbeing and contact details for support 9) Managers having clear council guidance on wellbeing strategies for them and their staff, including covid-19 stress risk assessment guidance/template 10) Managers to review the extended working at home working arrangements and in particular the IT equipment provided for each staff member, where required and appropriate, especially if the pandemic is extended re shielded workers.	LOW		
2.5	Visitors <ul style="list-style-type: none"> Someone entering the workplace/offices with CV19 	Employees, agency, staff, visitors <ul style="list-style-type: none"> An employee / visitor enters the workplace with CV19 and passes it onto others Causing severe infection/disease 	1) Encourage visits via remote virtual meetings and not bringing visitors into the workplace. Only essential face-to-face meetings should be held on site. 2) Any visitors that have to come into the work place will be informed of the social distancing requirements and told not to come if have any symptoms of COVID-19 to ensure a health check question-set is asked regarding any symptoms of COVID-19, and information given to them before they get to site on the social distancing and COVID-19 management standards in place 3) Limit on numbers of visitors agreed for essential meetings 4) No unannounced visitors. Meetings to be held by appointment only 5) No hand shaking and do not share personal items/property	MED		
2.6	Contractors <ul style="list-style-type: none"> Someone entering the workplace/offices with CV19 	Employees, agency, pupils' visitors <ul style="list-style-type: none"> An employee / visitor enters the work Causing severe 	1) Only necessary contractors to be allowed on site, and approved/authorised by managers 2) Agency staff and contractors to be inducted to the normal health and safety induction processes, including the current COVID-19 risk assessments and social distancing requirement, and promotion of hand cleaning and hygiene	LOW		

		<p>infection/disease place with CV19 and passes it onto others</p> <ul style="list-style-type: none"> Causing severe infection/disease 	<ol style="list-style-type: none"> Pre-communicated to ensure a health check question-set is asked regarding any symptoms of COVID-19, and information given to them before they get to site on the social distancing and COVID-19 management standards in place Normal risk assessment, method statements review, considering your own COVID-19 risk assessment to review if the works will compromise social distancing for others, such as increasing of numbers of people by contractors working in staff areas breaking the social distancing requirements Normal management and monitoring of contractor work, wellbeing on site Reception areas having clear guidance on social distancing, hygiene requirements for visitors coming in Review of entry and exit areas to consider social distancing, space requirements, further opening of reception areas as part of the risk review Consideration of changing times of contractor works, out of hours, during less busy times Working together with any shared sites, employers, landlords sharing risk assessment, COVID-19 social distancing management, and sharing information concerning visitors that may affect their own risk management and social distancing standards 				
2.7	<p>PPE and Face Coverings</p> <ul style="list-style-type: none"> Someone entering the workplace with CV19 	<p>Employees, pupils. agency, visitors</p> <ul style="list-style-type: none"> An employee /agency staff commuting and using public transport Causing severe infection/disease 	<ol style="list-style-type: none"> Staff are required to change into scrubs on arrival and wear a mask when having close contact with pupils. To change out of this PPE when they leave the building. Guidance from Public Health England available. To monitor psychological impact of staff wearing PPE through regular checks and offering support. Face coverings are required to be worn by staff at all times whilst in the units or classroom areas. A new face mask to be used each day of attendance Croft and Phoenix also require gloves and apron to be worn when delivering teaching due to close proximity. The risk is also managed by minimising workers in work, contact time together, social distancing, increased hygiene and cleaning regime, and not reliant on face coverings Face coverings are required at all times on public transport (for children over the age of 11) or when attending a hospital as a visitor or outpatient. Students are not required to wear a face covering whilst admitted as an inpatient as they are identified as a bubble. This is also due to the possible risk of use of the mask as a tool to self-harm. If pupils choose to wear one the following guidance is applicable and should be followed; <ul style="list-style-type: none"> Avoid touching your face or face covering as you can contaminate them with germs from your hands Change face covering if becomes damp or if you have touched this Continue to wash hands regularly Change and wash face covering daily 	MED			

			<ul style="list-style-type: none"> If not washable, dispose of carefully Practise social distancing wherever possible 				
2.8	Work related travel <ul style="list-style-type: none"> Being in close proximity of people infected with CV19 and/or increased time spent in this environment 	Employees, agency, visitors <ul style="list-style-type: none"> An employee / agency catches the virus travelling Causing severe infection/disease 	<ol style="list-style-type: none"> Minimise non-essential travel by considering remote options where possible Minimise number of staff travelling together in any one vehicle. Should this be necessary then encourage using fixed partners, increasing ventilation and avoiding sitting face to face Avoid public transport wherever possible Stagger working times to avoid busier times Follow government advice for face coverings, specifically where public transport is being used Only complete off-site visits where absolutely essential and remote attendance is not possible. Masks to be replaced at each location Face coverings are required at all times on public transport (for children over the age of 11) or when attending a hospital as a visitor or outpatient. 	MED			
2.9	Stress and anxiety concerning returning to work <ul style="list-style-type: none"> Someone entering the workplace with CV19 	Employees, pupils, agency, visitors <ul style="list-style-type: none"> An employee / agency catches COVID-19 or concern of catching virus causing stress and anxiety affecting the body causing illness and sickness 	<ol style="list-style-type: none"> Managers to identify staff with stress or anxiety and complete a follow up stress risk assessment using the CHSS guidance and template All staff to be communicated with by sharing risk assessments and control measures for COVID-19 controls Ongoing clear communication between individuals / teams /homeworkers and Managers is clear: <ul style="list-style-type: none"> Agreed work activities Scheduled calls / contact time Access to resources e.g. Employee Assistance Programme (EAP) Wellbeing and Health on HR website (includes stress risk assessment) Individual or team stress risk assessments to be completed following CHSS guidance if significant risks being identified and evidence of work-related stress Discuss pupils that present stress and anxiety due to the COVID-19 fears with nursing team 	MED			

SECTION 3: COMMUNICATION AND MONITORING						
What are the hazards?	Who & how might someone be harmed?	What are you currently doing to control risks?	Risk Rating L / M / H	What else do you need to do (if applicable)?	Action by who / when?	Date Completed
3.1	Change management /communication/training <ul style="list-style-type: none"> Someone entering the workplace with CV19 	Employees, pupils, agency, visitors <ul style="list-style-type: none"> An employee / visitor enters the 	<ol style="list-style-type: none"> Providing clear consistent and regular communication to improve understanding for all staff throughout the pandemic Providing early information instruction before any changes to working practices 	LOW		

		workplace with CV19 and passes it onto others <ul style="list-style-type: none"> Causing stress and anxiety 	<ol style="list-style-type: none"> Keeping all risk assessments/changes in risk updated as per information release Full guidance to staff on changes to work environment and procedures in advance of any physical changes Increased staff communication to raise awareness of potential risks; directing staff to Government, NHS, PHE and local Council guidelines and resources: <ul style="list-style-type: none"> NHS guidance, how to wash your hands video (20 second rule) NHS advice on CV19; risks, symptoms, how CV19 is spread, how to avoid catching or spreading germs School intranet page; communication on local newsletters Information posters displayed at key points and throughout premises Hygiene requirements (handwashing etc.) and practise of social distancing (2 metres) Additional consideration is given to those employees who may be deemed to be at increased risk in the planning of work activities Advice on risks, symptoms and control measures implemented relevant to the specific service / team Employees to adhere to the 2m rule at work sites at all times wherever possible and help train, change behaviour of pupils Follow signage of egress and access to premises Government/LA guidance on trace and track measures and clear guidance to managers and staff on actions required and support available 				
3.2	Monitoring and review of risk controls <ul style="list-style-type: none"> Someone entering the workplace with CV19 Risk assessment not regularly reviewed and therefore reflecting current practise 	Employees, pupils, agency, visitors <ul style="list-style-type: none"> An employee / pupil / visitor enters the workplace with CV19 and passes it onto others Causing stress and anxiety 	<ol style="list-style-type: none"> Ensure this risk assessment, and any wider risk assessments, are maintained and kept up to date Where significant changes are made, ensuring staff and stakeholders are effectively communicated with as per 3.1 Formation of COVID-19 committee. Committee to meet every frequently (minimum every 3 weeks) to review this risk assessment and any linked risk assessments and SOPs to the full reopening strategy 	LOW*			

Overall Residual Risk for Activity (L / M / H): **MEDIUM**

Level of Risk	Suggested Action
LOW	Control measures are adequate but continue to monitor and review; ensure that they remain satisfactory and appropriate
MEDIUM	Control measures need to be introduced within a specified time period; continue to monitor and review
HIGH	Unless control measures can be immediately introduced to reduce the risk so far as is reasonably practicable, the task or activity should be suspended

Local COVID-19 – Health and Safety risk assessment checklist (Version 1.2)

This local risk assessment checklist should be completed to cover all areas for which you are responsible. Where a workplace is shared with other services/ departments, you should liaise with the other responsible managers to ensure control measures are in place. Main corridors and entrances, lifts and the concourse have been assessed by the Trust and do not need to be included within your local risk assessment.

This checklist has been written as a series of questions in order to assist with the identification and implementation of control measures to manage the risks associated with COVID-19 in workplaces. Please answer all the questions in the table below by indicating whether the control measures are in place or not. If the answer is 'no' to any of the questions, you need to document what further action is required, and who is responsible for completing the action. Not all questions may be relevant to your workplace; those that are not should be marked as "NA".

For further guidance on the implementation of control measures, please refer to the [‘Trust-wide COVID-19 Secure Environment Risk Assessment’](#) and [‘Guidance to Support a COVID Secure Environment’](#) documents. Once completed, the risk assessment should be communicated to all staff, volunteers, contractors and visitors who access your area. A copy should be kept locally alongside other health and safety risk assessments, and retained for a minimum of 5 years. The risk assessment must be approved (signed and dated) by the responsible manager. This risk assessment should be reviewed regularly to consider government policy, or after accidents, near misses and when significant changes occur.

Is my workplace COVID-19 secure?

Red and amber areas are not able to be assessed as COVID-19 secure due to the presence of potential COVID-19 patients. For all other areas, this checklist can be used to determine whether the workplace is COVID-19 secure. If all control measures shaded in blue are answered 'yes' or are not applicable, then your workplace can be considered to be COVID-19 secure.

Ward/Department/Service/Area:	School provision teaching staff working on C2, D2, F3 and Teenage cancer ward
Date of assessment:	16 ^h July 2020
Name of person completing risk assessment:	Amanda Morris-Drake (Headteacher Pilgrim PRU – outgoing) Leah Miller Head Pilgrim (Headteacher Pilgrim PRU – from September 1 st 2020)

Approved by (responsible manager):	Tara Llewellyn
Date of approval:	16 th July 2020

Review date:	26 th August 2020	11 th September 2020	25 th September 2020	11 th October 2020	
Reviewed by:	Ms L Miller	Ms L Miller	Ms L Miller		

Required control measures	Yes	No	NA	If no, what further actions required to ensure compliance:	Action to be completed by:	Complete
Who should go to work						
Managers and staff have been made aware of latest Trust guidance on attending work during the COVID-19 pandemic	*			Trust guidance will be read when teaching staff have access to EPIC	Before returning to the wards in September	Ward teams
The Individual Staff Risk Assessment Checklist for Covid-19 has been completed for all staff to identify anyone who is at particular risk	*					AMD
All actions and recommendations identified in the Individual Staff Risk Assessment Checklist for Covid-19 have been implemented	*					AMD
Managers and staff are aware that Occupational Health can be contacted where further advice is required	*					AMD
Working from home						
All reasonable efforts have been made to enable people to work from home	*					AMD
Homeworking undertaken in line with the Trust's DSE Policy and Homeworking Policy .			*			
Managers maintain regular contact with home workers to ensure well-being and adequate supervision of workload	*					MIL
Cleaning and hygiene						
Staff are encouraged to wash their hands on a frequent basis	*					
Hand sanitisers are provided in the workplace where handwashing facilities are not readily available	*					AMD
Cleaning of frequently touched surfaces, equipment and high touch items is carried out on a regular basis with green Clinell wipes.	*					AMD
Workstations are cleared of personal belongings at the end of the day/ shift	*					AMD
Adequate clinical waste bins are available for COVID-19 waste (includes PPE waste)	*					AMD
Posters are displayed in workplaces to promote awareness of good hygiene practices	*					AMD
Social distancing						
Areas have been reviewed to allow 2 metre social distancing so far as possible including in communal areas and during work breaks	*			Office space. To allow two people in at any one time.		AMD
Only the minimum number of people needed are in work (low occupancy levels)	*					
Layouts and processes have been reviewed to allow people to work further apart from each other	*			An alternative office space would be preferable but we understand this is not possible.		

Required control measures	Yes	No	NA	If no, what further actions required to ensure compliance:	Action to be completed by:	Complete
One-way systems are in place and marked wherever possible	*			As laid out on wards		AMD
Floor tape or other visual markers have been used to help people keep a 2 metre distance particularly in the most crowded areas such as rest rooms, work kitchens, reception areas, entrances, changing facilities etc	*			As laid out on wards		AMD
Hot desking and shared equipment (including lockers) are avoided and where not possible, they are cleaned between different occupants/users			*			
Workplaces are kept ventilated wherever possible by opening windows and doors	*					AMD
Meetings are held remotely (eg teleconferences and videoconference meetings) wherever possible. Where not possible, attendees maintain 2 metre social distancing	*					AMD
Areas where people directly pass things to each other have been identified and drop-off points or transfer zones have been put in place to limit contact			*			
Number of people each person has contact with reduced by using 'fixed teams or partnering' (also known as 'bubbles') and teams kept as small as possible	*			Team of three staff form a bubble at Addenbrooke's		AMD
Where 2m social distancing is not viable, back-to-back or side-to-side working is implemented (rather than face to face) wherever possible	*					AMD
Consideration is given to the use of protective screens or barriers to separate people from each other (E&F can assist with the identification of screens required. Contact E&F helpdesk on 216696. Orders to be placed with procurement)			*			
Appropriate signage on social distancing and hygiene measures is in place	*					
All staff are asked to adhere to social distancing and hygiene measures and are challenged when not complied with	*					
Face masks for staff						
Where 2m social distancing is not viable, facemasks (when not otherwise required to wear PPE/RPE) are worn	*			Face masks, gowns and gloves to be worn when delivering teaching		MIL
Staff are able to access type I or type II medical face masks for use when in areas where social distancing is not viable and when moving through the hospital			*			
Staff that wish to wear a face mask, even if working in areas with social distancing, are permitted to do so	*			25/09 – Now compulsory		
Staff have been made aware of Trust guidance on the safe use of face masks available on the staff portal	*					
Staff have been made aware that if they breathing difficulties (ie severe asthma or other lung conditions) and are worried about wearing a mask they should discuss this with their manager in the first instance	*					AMD
Handling deliveries/ goods						
Staff wash hands before and after handling deliveries/ goods	*					

Required control measures	Yes	No	NA	If no, what further actions required to ensure compliance:	Action to be completed by:	Complete
Contractors (any external individual, company or organisation who has been employed by the Trust to carry out work or provide services)						
Contractors are provided information in advance of their visit on the COVID-19 risks and the precautions they must take	*					AMD
Contractors are instructed to wear face coverings when entering the hospital	*					AMD
Contractors working in clinical areas are provided with PPE in line with local requirements			*			
Contractors comply with the social distancing and hygiene measures for the area they are working in	*					AMD
Visiting off-site locations						
Staff ensure they receive information, from their site contact in advance of their visit, on the COVID-19 risks and the precautions they must take	*			When visiting Ida Darwin site for meetings this will be in place.		AMD
Staff ensure they comply with all local COVID-19 precautions when at off- site locations	*					

This section must also be completed by those services/teams working in clinical areas:

Control Measures	Yes	No	NA	If no, what further actions required to ensure compliance:	Action to be completed by:	Complete
Personal Protective Equipment						
Clear signage is in place at the entrance to the clinical area to inform staff what status the area is and the PPE required	*					
Staff are able to access required PPE for the scenario in which they are working	*					
There is a suitable area allocated in which staff can safely don and doff PPE	*					
Staff have been trained in the safe donning and doffing of PPE	*					
Posters and signage are in place to advise staff on the use of PPE and safe donning and doffing	*					
Where FFP3 masks or reusable respirators are required staff have passed face fit testing for the relevant mask			*			
Where reusable respirators or powered hoods are used they are maintained in line with manufacturer's instructions and a maintenance log is kept			*			
Where staff are unable to wear FFP3 masks or reusable respirators (due to test failure/ health condition) they are provided access to a powered respirator hood or work in areas which do not require RPE			*			

Control Measures	Yes	No	NA	If no, what further actions required to ensure compliance:	Action to be completed by:	Complete
Staff and managers are aware they must escalate any concerns about PPE including lack of availability, or any discomfort, irritation or reaction	*					
Inpatient areas						
Clinical areas have been reviewed to minimise close contact between groups of staff over prolonged periods. The following mitigating factors have been taken to reduce the risk of transmission : <ul style="list-style-type: none"> • Staff have been requested to avoid congregating at the central nurses' station • Number of staff on ward rounds restricted so far as possible • Handover sessions undertaken where there is space for social distancing • Staff breaks staggered to limit the number of staff in rest areas 	*					
Patient visitors are restricted in line with Trust policy	*					
Staff follow the Trust guidance for protecting shielding patients	*					
Staff limit duration of close interaction with patients as much as possible (eg prepare everything in advance away from the patient) and where possible, maintain a 2 metre distance from the patient	*			Teaching sessions time limited to 20 minutes at bed side or 40 minutes if in teaching room		
Face masks are provided to patients where they are suspected or confirmed to be COVID-19 positive (where tolerated/does not compromise care)			*	Staff will not be working with patients that are suspected or confirmed cases of Covid 19.		
Patient waiting areas						
Waiting rooms reconfigured to maintain 2 metre distancing			*			
Where not possible to maintain 2 metre distancing, seats are placed back-to-back or side-to-side rather than face-to-face			*			
One-way systems are in place and marked wherever possible			*			
Floor tape or other visual markers have been used to help people keep a 2 metre distance where required			*			
Appropriate signage instructing patients on social distancing and hygiene measures is in place			*			
Reception areas fitted with protective screens			*			
Outpatient areas						
Virtual consultations undertaken wherever possible			*			
Appointments are scheduled to limit the number of patients attending clinic at any one time and patients are asked to arrive as near as possible to their appointment time			*			

Control Measures	Yes	No	NA	If no, what further actions required to ensure compliance:	Action to be completed by:	Complete
Patients are asked at the clinic entrance whether they are experiencing any COVID-19 symptoms			*			
Patients are asked to attend their appointment alone. Where a patient should be accompanied, due to the nature of the appointment, this is agreed with the patient, in advance			*			
Hand hygiene facilities are available for use by patients			*			
Seating has been removed from corridor areas			*			
Staff follow the Trust guidance for protecting shielding patients			*			
Clinical uniforms						
Staff have been made aware that they must not leave red or amber areas whilst wearing scrubs			*			
Staff have been made aware that they must not travel to and from work wearing uniform	*					
Staff have been made aware that uniform should be carried in a clean bag, and uniform washed on its own on a daily basis	*					
Visiting patient homes						
Virtual consultations undertaken wherever possible and home visits only undertaken when essential			*			
Staff check in advance of visit if patient or any other household member is symptomatic or self-isolating. Visit rescheduled where possible.			*			
Where visits must be undertaken the following mitigating factors have been taken to reduce the risk of transmission: <ul style="list-style-type: none"> Staff ask that rooms are ventilated before arrival Staff ask other household members to stay in other rooms Social distancing adhered to wherever possible Staff ensure they know what scenario PPE is required and carry adequate supplies All clinical waste removed from house in suitable waste receptacles 			*			

This section must also be completed by those services/teams delivering face-to-face training:

Control Measures	Yes	No	NA	If no, what further actions required to ensure compliance:	Action to be completed by:	Complete
Face-to-face training						
Training is only undertaken where considered essential	*			Social distancing measures in place during training in September on the Ida Darwin		

Control Measures	Yes	No	NA	If no, what further actions required to ensure compliance:	Action to be completed by:	Complete
				site. Training will not take place at Addenbrooke's		
The number of delegates booked for each training session is limited to enable 2 metre social distancing and seating is arranged to ensure this is maintained			*			
Floor tape/visual markers are in place to help delegates maintain 2 metre distancing			*			
Where 2 metre social distancing is not viable, face masks are provided to trainers and delegates			*			
Hand sanitisers is provided and used by all participants on entering and leaving the training room	*					
Equipment/ training aids are cleaned with green Clinell wipes between each individual contact			*			
Signs and notices are displayed detailing social distancing and public health hygiene standards in training areas			*			

This section must also be completed by those services/teams who carry out work related travel or use work vehicles

Work related travel and Trust work vehicles						
Touch points on shared work vehicles are cleaned/wiped down before and after use with green Clinell wipes			*			
The windows are opened on the vehicles whenever possible to maintain good ventilation			*			
Vehicles are only used by individual staff, wherever possible			*			
Where it is essential for passengers to be carried, the distance between occupants is maximised and facemasks are worn			*			
Where staff are required to travel together a 'fixed partnering' system is used whenever possible			*			

Please specify any further control measures implemented within your area of responsibility to provide a COVID-19 secure environment which are not already detailed above:

Additional control measures
<p>Teaching staff will bring a change of clothes to work and change out of these clothes before they leave Addenbrooke's.</p> <p>Teaching staff will wear masks, aprons and gloves when they have a teaching session with the children or have contact with parents.</p> <p>Children will have individual equipment packs of pen, pencils, glue stick, rubber and ruler to avoid sharing of equipment.</p> <p>All equipment that is used by individual children will be wiped with anti-bacterial wipes or left in the cupboard for 72 hours before another child uses it.</p> <p>Any paper based resources that require multiple use are laminated and wiped down with anti-bac wipes after each use</p>